

## AMEDD RESERVE AND NATIONAL GUARD MOBILIZATION AND COTTAD PACKET REQUIREMENTS CHECKLIST

MOB/COTTAD packet for \_\_\_\_\_

Date received \_\_\_\_\_

For duty at: \_\_\_\_\_

Requested Start date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

(**Note:** It is critical that **completed applications** be received at the Reserve Augmentation Mobilization Cell at MEDCOM at least **45 days** prior to the requested start date of the mobilizing soldier. If not, we cannot guarantee that the action can be processed in time to meet the requested start date.)

### 1. JUSTIFICATION ADDRESS:

\_\_\_\_\_ IRR/TPU (COTTAD AND Mobilization):

**MEMORANDUM THRU MEDCOM MOB CELL, MCOP-P**  
THRU Director, Health Care Operations  
FOR Deputy Chief of Staff G-3, ATTN: DAMO-ODOM

\_\_\_\_\_ IMA Mobilization:

**MEMORANDUM THRU MEDCOM MOB CELL, MCOP-P**  
THRU Director, Health Care Operations  
THRU The Surgeon General  
FOR Deputy Chief of Staff G-3, ATTN: DAMO-ODOM

**For RETIREE RECALL Process: Please contact Reserve Augmentation & Mobilization Cell, Office of the Surgeon General, Comm: 703-681-2901 or 703-681-0624, DSN: 761-2901 or 761-0624.**

### 2. JUSTIFICATION LETTER (ALL):

- A. \_\_\_\_\_ Clearly identified the **UIC, Specific duty assignment and location where** the soldier will be working.
- B. \_\_\_\_\_ Provide the Position, Paragraph and Line number the soldier will be slotted against. Clearly articulate the reason for the filling the position. Provide a job description of the soldier's duties.
- C. \_\_\_\_\_ Provide the name, rank, SSN, and AOC/MOS of the soldier.
- D. \_\_\_\_\_ Specify the contingency soldier is being called up for.
- E. \_\_\_\_\_ If the request is for a position that does not have a Paragraph and Line number, you must provide strong justification/documentation supporting the requirement.
- F. \_\_\_\_\_ Provide the required start date that you would like the soldier to report and the tour end date. Indicate the total number of required days (includes start and end date).
- G. \_\_\_\_\_ The letter must be signed by an O6 or higher **and cannot be signed "for" the O-6 by anyone else.**
- H. \_\_\_\_\_ Provide a point of contact, phone number and email address of the requester.
- I. \_\_\_\_\_ All documentation must be current, and the justification letter can not be over 30 days old. Any packet with dated documentation will be returned without action.

### 3. MEETS HEIGHT AND WEIGHT REQUIREMENTS (ALL):

- A. \_\_\_\_\_ Does soldier meet height and weight requirements? If soldier does not meet height and weight requirements; there must be a completed Body Fat Content Worksheet, DA Form 5500-R.
- B. \_\_\_\_\_ (If Applicable) The official that conducts the tape test, must check that the individual is in compliance with Army Standards. The tape test must be within the **last six months.**

4. **LETTER FROM SOLDIER (ALL):**  
\_\_\_\_\_ A letter signed and dated by the soldier, stating that the soldier volunteers to be mobilized, and that the mobilization will not be a financial burden to the soldier and family members.  
  
\_\_\_\_\_ **PROMOTABLE STATEMENT: (O6 – Colonel ONLY)**  
The following statement will be included with item 4 for all O6. **"I am not in a promotable status".**
5. **30-DAY WAIVER (ALL):**  
\_\_\_\_\_ If the sponsor requires the soldier to report for duty within 30 days, the soldier must sign a statement agreeing to waive the 30-day notification requirement. For example, "I understand that I may be required to report in less than 30-days after receiving orders."
6. **APPLICATION FOR ACTIVE DUTY FOR TRAINING, ADSW, TTAD, AT - DA FORM 1058-R (ALL):**
  - A. \_\_\_\_\_ Both pages need to be filled out **completely**.
  - B. \_\_\_\_\_ Blocks 15, 16, 18, 28, 31, 32, 33 are complete. In addition (blocks 35 & 36) document must be signed and dated by the Unit Commander and the Records Custodian. Years of Active Federal Service (page 1, item #18) **must** be correct. **(This form cannot be signed "for" the commander by anyone else)**
7. **HIV DOCUMENTATION (ALL):**  
All results must be current within 6 months and will be from a military facility and must be documented by the health care treatment facility in your medical record.
8. **COMMANDER'S RELEASE (TPU & IMA):**  
\_\_\_\_\_ If the soldier is assigned to a TPU, the unit must provide a letter signed by the commander stating the soldier can be released to serve the tour of duty. **(Cannot be signed "for" the commander by anyone else)**  
\_\_\_\_\_ If the soldier is assigned to an IMA position, and is being assigned to a different unit, the soldier needs to get a written release from the command where the soldier is currently assigned. **(Cannot be signed "for" the commander by anyone else)**
9. **RMC VALIDATION (For Internal Use Only):**  
\_\_\_\_\_ The RMC (Regional Medical Command) associated with the gaining position needs to validate the request.
10. \_\_\_\_\_ **HP&S validation. (For Internal Use Only)**
11. \_\_\_\_\_ **Concurrence by Deputy Chief, Plans Division, MEDCOM (For Internal Use Only)**
12. **CREDENTIALS FOR HEALTH CARE PROFESSIONALS (PROVIDERS ONLY):**  
\_\_\_\_\_ Statement from the gaining Health Care Facility verifying that the health care professional meets the credentialing/privileging requirements.
13. **PHYSICAL DOCUMENTATION (ALL):**
  - A. \_\_\_\_\_ Must have a current physical signed and dated by a physician within the last five years that the soldier is physically qualified to serve. Forms used to determine medical readiness of the soldier: SF 88 & 93 (**OR**) DD 2808 & DD 2807-1 (**OR**) DA 7349-R. Forms must be signed off by a physician on page 2.
  - B. \_\_\_\_\_ P3 or P4 in PUHLES require waivers.
14. **ADDITIONAL NATIONAL GUARD SPECIFIC DOCUMENTS (IN ADDITION TO THE ABOVE)**
  - A. \_\_\_\_\_ TAG RELEASE (done by individual)
  - B. \_\_\_\_\_ RPAS STATEMENT (retirement point annual statement) (Provided by the soldier)
  - C. \_\_\_\_\_ ANNUAL MEDICAL STATEMENT
  - D. \_\_\_\_\_ MOB/TTAD MANAGER MEMORANDUM (done by NGB)

**PROCESSING INSTRUCTIONS:**

It is recommended you review the RAMC website to insure you have the most recent version of the checklist. The web address is <http://www.cs.amedd.army.mil/medcomplans/>. Click on the **Reserve Augmentation & Mobilization Cell** link, then click on the following links-- **Information** and **Procedures** to access the most current AMEDD RESERVE AND NATIONAL GUARD MOBILIZATION AND COTTAD PACKET REQUIREMENTS CHECKLIST.

Many of the forms may be accessed through <https://2xcitizen.usar.army.mil>. Once accessing the site go to Library, then Forms. Once completed, the packet must be verified and approved by your higher headquarters, then mailed, scanned or faxed to Quality Assurance, Reserve Augmentation & Mobilization Cell.

**MAILING ADDRESS:**

United States Army Medical Command  
Quality Assurance- Reserve Augmentation & Mobilization Cell  
ATTN: MCOP-P  
2050 Worth Road  
Fort Sam Houston, TX 78234-6000  
FAX: (210) 221-6648 DSN: 471-6648

**QUESTIONS:**

Questions may be addressed to Quality Assurance - Reserve Augmentation & Mobilization Cell by calling commercial: (210)-221-7717, or DSN: 471-7717.